

MIDDLESEX HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2010
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A. AFFILIATE NAME		
		MIDDLESEX HEALTH SYSTEM, INC.
1	Affiliate Description	PARENT CORPORATION TO SUPPORT, ENCOURAGE, PROMOTE AND ASSIST THE DEVELOPMENT OF COMPREHENSIVE, INTEGRATED HEALTH-CARE-RELATED SERVICES FOR THE ADVANCEMENT OF THE HEALTH AND WELL-BEING OF THE COMMUNITY.
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	28 CRESCENT STREET
5	Town	Middletown
6	State	Connecticut
7	Zip Code	06457 -
8	CEO Name	Vincent G. Capece, Jr.
9	CEO Title	PRESIDENT/CEO
10	CT Agent Name	Vincent G. Capece, Jr.
11	CT Agent Company	Middlesex Hospital
12	CT Agent Company Street Address	28 CRESCENT STREET
13	CT Agent Town	Middletown
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06457 -
B. AFFILIATE NAME		
		HARTFORD-MIDDLESEX CLINICAL SYSTEM, LLC
1	Affiliate Description	JOINT VENTURE TO ENGAGE IN ACTIVITIES IN FURTHERANCE OF THE CHARITABLE PURPOSES OF HARTFORD AND MIDDLESEX HOSPITALS AND THEIR RESPECTIVE HEALTH SYSTEMS.
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	For Profit
4	Street Address	80 SEYMOUR STREET
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06102 -
8	CEO Name	ARTHUR MCDOWELL, M.D.
9	CEO Title	CHAIRMAN
10	CT Agent Name	Joan Feldman, esq
11	CT Agent Company	SHIPMAN & GOODWIN LLP,
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919
C. AFFILIATE NAME		
		INTEGRATED RESOURCES FOR THE MIDDLESEX AREA, L.L.C.
1	Affiliate Description	MEDICAL MANAGEMENT, MARKETING, EDUCATION, COMMUNICATIONS AND MANAGED CARE CONTRACTING FOR THE BENEFIT OF COMMUNITY, CUSTOMERS AND MEMBERS.
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	For Profit
4	Street Address	28 CRESCENT STREET
5	Town	Middletown
6	State	Connecticut
7	Zip Code	06457 -
8	CEO Name	SUSAN L. MENICHETTI
9	CEO Title	CEO
10	CT Agent Name	ROBERT G. KIELY
11	CT Agent Company	Middlesex Hospital
12	CT Agent Company Street Address	28 CRESCENT STREET
13	CT Agent Town	Middletown
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06457 -

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LINE	DESCRIPTION	AFFILIATE INFORMATION
	D. AFFILIATE NAME	MHS PRIMARY CARE, INC.
1	Affiliate Description	PHYSICIANS SERVICES TO PROMOTE HEALTH BY ACQUIRING AND OPERATING MEDICAL PRACTICES AND PARTICIPATING IN MANAGED CARE ARRANGEMENTS.
2	Affiliate type of service	Medical Practices
3	Tax Status	For Profit
4	Street Address	28 CRESCENT STREET
5	Town	Middletown
6	State	Connecticut
7	Zip Code	06457 -
8	CEO Name	ROBERT G. KIELY
9	CEO Title	PRESIDENT/CEO
10	CT Agent Name	ROBERT G. KIELY
11	CT Agent Company	Middlesex Hospital
12	CT Agent Company Street Address	28 CRESCENT STREET
13	CT Agent Town	Middletown
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06457 -
	E. AFFILIATE NAME	MIDDLESEX CENTER FOR ADVANCED ORTHOPEDIC SURGERY, LLC
1	Affiliate Description	A LIMITED LIABILITY CORPORATION OWNING AND OPERATING A FREE-STANDING ORTHOPEDIC AMBULATORY SURGERY SERVICES.
2	Affiliate type of service	Ambulatory/OP Surgery Center
3	Tax Status	For Profit
4	Street Address	510 Saybrook Rd.
5	Town	Middletown
6	State	Connecticut
7	Zip Code	06457 -
8	CEO Name	Bethany Bozzuto
9	CEO Title	Administrator
10	CT Agent Name	O'Malley, Deneen, Leary, Messina & Oswecki
11	CT Agent Company	Michael Deneen
12	CT Agent Company Street Address	20 Maple Ave
13	CT Agent Town	Windsor
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06095 -
	F. AFFILIATE NAME	MIDDLESEX HEALTH RESOURCES, INC.
1	Affiliate Description	ENGAGE IN A REAL ESTATE BUSINESS FOR PURPOSES OF HOLDING REAL ESTATE NOT DIRECTLY INVOLVED IN HEALTH CARE AND INVEST IN FOR-PROFIT HEALTH CARE RELATED VENTURES.
2	Affiliate type of service	Real Estate
3	Tax Status	For Profit
4	Street Address	28 CRESCENT STREET
5	Town	Middletown
6	State	Connecticut
7	Zip Code	06457 -
8	CEO Name	Vincent G. Capece, Jr.
9	CEO Title	PRESIDENT/CEO
10	CT Agent Name	Vincent G. Capece, Jr.
11	CT Agent Company	Middlesex Hospital
12	CT Agent Company Street Address	28 CRESCENT STREET
13	CT Agent Town	Middletown
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06457 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
G.	AFFILIATE NAME	MIDDLESEX HEALTH SERVICES, INC.
1	Affiliate Description	ASSISTED LIVING FACILITY TO BENEFIT, ASSIST AND FURTHER THE PURPOSES OF THE MIDDLESEX HEALTH SYSTEM, MIDDLESEX HOSPITAL, & OTHER HEALTH CARE OR COMMUNITY SERVICE ORGANIZATIONS AS SHALL BE CONTROLLED BY MIDDLESEX HEALTH SYSTEM.
2	Affiliate type of service	Care for the Aged
3	Tax Status	Not for Profit
4	Street Address	28 CRESCENT STREET
5	Town	Middletown
6	State	Connecticut
7	Zip Code	06457 -
8	CEO Name	Vincent G. Capece, Jr.
9	CEO Title	PRESIDENT/CEO
10	CT Agent Name	Vincent G. Capece, Jr.
11	CT Agent Company	Middlesex Hospital
12	CT Agent Company Street Address	28 CRESCENT STREET
13	CT Agent Town	Middletown
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06457 -

* P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY

**MIDDLESEX HOSPITAL
ANNUAL REPORTING
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2010
A. MIDDLESEX HOSPITAL			
1		Unrestricted	\$53,413,646
2		Temporarily Restricted by Donor	\$6,781,739
3		Temporarily Restricted by Board	\$77,810,254
4		Permanently Restricted by Donor	\$6,804,300
5		Intercompany Eliminations	\$0
		Total:	\$144,809,939
B. MIDDLESEX HEALTH SYSTEM, INC.			
1		Unrestricted	\$14,591
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$14,591
C. HARTFORD-MIDDLESEX CLINICAL SYSTEM, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
D. INTEGRATED RESOURCES FOR THE MIDDLESEX AREA, L.L.C.			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
E. MHS PRIMARY CARE, INC.			
1		Unrestricted	\$380,648
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$380,648
F. MIDDLESEX CENTER FOR ADVANCED ORTHOPEDIC SURGERY, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
G. MIDDLESEX HEALTH RESOURCES, INC.			
1		Unrestricted	\$2,883,696
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$2,883,696

**MIDDLESEX HOSPITAL
ANNUAL REPORTING
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2010
H.	MIDDLESEX HEALTH SERVICES, INC.		
1		Unrestricted	\$306,635
2		Temporarily Restricted by Donor	\$55,787
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$362,422
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$148,451,296
	Intercompany Eliminations		\$0
	Total of all Affiliates	Fund Balance:	\$148,451,296

**MIDDLESEX HOSPITAL
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REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
A. MIDDLESEX HEALTH SYSTEM, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
1		Capital Contribution	09/30/2010	\$2,466,000
2		Net Asset Transfer	09/30/2010	(\$2,466,000)
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
B. HARTFORD-MIDDLESEX CLINICAL SYSTEM, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
C. INTEGRATED RESOURCES FOR THE MIDDLESEX AREA, L.L.C.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
D. MHS PRIMARY CARE, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	(\$8,158)
1		Purchase of Goods & services	09/30/2010	\$919,397
2		Sale of Services	09/30/2010	(\$12,461)
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$898,778
E. MIDDLESEX CENTER FOR ADVANCED ORTHOPEDIC SURGERY, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$0
F. MIDDLESEX HEALTH RESOURCES, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$3,635
1		Purchase of Goods & services	09/30/2010	\$61,882
2		Payment to Hospital	09/30/2010	(\$62,297)
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$3,220
G. MIDDLESEX HEALTH SERVICES, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2009	\$5,247
1		CHEFA Bond Interest	09/30/2010	\$557,653
2		Purchase of Goods & services	09/30/2010	\$1,275,305
3		Payment to Hospital	09/30/2010	(\$1,832,212)
		Ending Unconsolidated Intercompany Balance:	9/30/2010	\$5,993
			Grand Total:	\$907,991

MIDDLESEX HOSPITAL
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2009	\$5,811,222
A.	MIDDLESEX HEALTH SYSTEM, INC.				
1		MHS PRIMARY CARE, INC.	Capital Contribution	09/30/2010	\$2,466,000
			Total:	9/30/2010	\$2,466,000
B.	HARTFORD-MIDDLESEX CLINICAL SYSTEM, LLC				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
C.	INTEGRATED RESOURCES FOR THE MIDDLESEX AREA, L.L.C.				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
D.	MHS PRIMARY CARE, INC.				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
E.	MIDDLESEX CENTER FOR ADVANCED ORTHOPEDIC SURGERY, LLC				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
F.	MIDDLESEX HEALTH RESOURCES, INC.				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
G.	MIDDLESEX HEALTH SERVICES, INC.				
			Nothing to Report		\$0
			Total:	9/30/2010	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2010	\$8,277,222

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REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	(3) AMOUNT	(4) DATE
A.	MIDDLESEX HEALTH SYSTEM, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
B.	HARTFORD-MIDDLESEX CLINICAL SYSTEM, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
C.	INTEGRATED RESOURCES FOR THE MIDDLESEX AREA, L.L.C.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
D.	MHS PRIMARY CARE, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
E.	MIDDLESEX CENTER FOR ADVANCED ORTHOPEDIC SURGERY, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
F.	MIDDLESEX HEALTH RESOURCES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
G.	MIDDLESEX HEALTH SERVICES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2010
	Grand Total:	\$0	9/30/2010

**MIDDLESEX HOSPITAL
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REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A. MIDDLESEX HEALTH SYSTEM, INC.			
0	Nothing to Report	\$0	0
	Total:	\$0	
B. HARTFORD-MIDDLESEX CLINICAL SYSTEM, LLC			
0	Nothing to Report	\$0	0
	Total:	\$0	
C. INTEGRATED RESOURCES FOR THE MIDDLESEX AREA, L.L.C.			
0	Nothing to Report	\$0	0
	Total:	\$0	
D. MHS PRIMARY CARE, INC.			
1	Guarantee Bank Promissory Note for the fit out of new physician office in Durham, CT	\$300,000	5
	Total:	\$300,000	
E. MIDDLESEX CENTER FOR ADVANCED ORTHOPEDIC SURGERY, LLC			
1	Guarantee 50% of bank promissory notes for construction, equipment and revolving loans	\$3,975,000	20
	Total:	\$3,975,000	
F. MIDDLESEX HEALTH RESOURCES, INC.			
0	Nothing to Report	\$0	0
	Total:	\$0	
G. MIDDLESEX HEALTH SERVICES, INC.			
1	Guarantee of Connecticut Health & Educational Authority revenue bonds, Middlesex Health Services Issue, Series I for the construction of One MacDonough Place, Assisted Living Facility.	\$8,450,000	30
	Total:	\$8,450,000	
	Grand Total:	\$12,725,000	

**MIDDLESEX HOSPITAL
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REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR
INDIGENT CARE AND FREE BEDS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Indigent Care					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
B. Free Beds					
	Beginning Balance	\$1,686,473.72	\$1,641,292.72	(\$45,181.00)	-3%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$99,826.00	\$53,668.50	(\$46,157.50)	-46%
3	Expenditures	\$105,729.00	\$56,281.41	(\$49,447.59)	-47%
4	Unrealized Gains and Losses	(\$39,278.00)	\$115,183.65	\$154,461.65	-393%
	Ending Balance	\$1,641,292.72	\$1,753,863.46	\$112,570.74	7%
5	Projected Interest Income	\$50,000.00	\$50,000.00	\$0.00	0%
C. Other					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

MIDDLESEX HOSPITAL		
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		3,190
2. A. Number of Patients receiving Hospital Bed Fund Grants		429
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$56,281.41
1	BENNETT, HANNAH R.	\$588.41
2	BRAINERD, FLORIOLA H.	\$96.46
3	BRAINERD, FLORIOLA H.	\$22.50
4	BRAINERD, FLORIOLA H.	\$127.00
5	BRAINERD, FLORIOLA H.	\$23.15
6	BRAINERD, FLORIOLA H.	\$114.30
7	BRAINERD, FLORIOLA H.	\$140.40
8	BRAINERD, FLORIOLA H.	\$21.00
9	BRAINERD, FLORIOLA H.	\$181.12
10	BRAINERD, FLORIOLA H.	\$119.85
11	BRAINERD, FLORIOLA H.	\$66.60
12	BRAINERD, FLORIOLA H.	\$153.51
13	BRAINERD, FLORIOLA H.	\$22.50
14	BRAINERD, FLORIOLA H.	\$18.75
15	BRAINERD, FLORIOLA H.	\$178.55
16	BRAINERD, FLORIOLA H.	\$7.57
17	BRAINERD, FLORIOLA H.	\$83.98
18	BRAINERD, FLORIOLA H.	\$215.49
19	BRAINERD, FLORIOLA H.	\$148.11
20	BRAINERD, FLORIOLA H.	\$45.00
21	CASEY, WILLIAM B.	\$227.10
22	CASEY, WILLIAM B.	\$141.75
23	CASEY, WILLIAM B.	\$34.20
24	CASEY, WILLIAM B.	\$20.90
25	CASEY, WILLIAM B.	\$30.90
26	CASEY, WILLIAM B.	\$13.50
27	CASEY, WILLIAM B.	\$82.80
28	CASEY, WILLIAM B.	\$44.07
29	CASEY, WILLIAM B.	\$87.30
30	CHAMPLIN, HENRY LAY & LOUISE MCKNIGHT	\$335.93
31	CHAMPLIN, HENRY LAY & LOUISE MCKNIGHT	\$273.14
32	CHAMPLIN, HENRY LAY & LOUISE MCKNIGHT	\$212.06
33	CHAMPLIN, HENRY LAY & LOUISE MCKNIGHT	\$43.68
34	CHAMPLIN, HENRY LAY & LOUISE MCKNIGHT	\$218.56
35	CHAMPLIN, HENRY LAY & LOUISE MCKNIGHT	\$23.18
36	CHAMPLIN, HENRY LAY & LOUISE MCKNIGHT	\$209.86
37	CHAMPLIN, HENRY LAY & LOUISE MCKNIGHT	\$80.35
38	CHAMPLIN, HENRY LAY & LOUISE MCKNIGHT	\$74.97
39	CHAMPLIN, HENRY LAY & LOUISE MCKNIGHT	\$34.76
40	CHAMPLIN, HENRY LAY & LOUISE MCKNIGHT	\$22.50
41	CHAMPLIN, HENRY LAY & LOUISE MCKNIGHT	\$39.23
42	CHAMPLIN, HENRY LAY & LOUISE MCKNIGHT	\$758.75

MIDDLESEX HOSPITAL		
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		3,190
2. A. Number of Patients receiving Hospital Bed Fund Grants		429
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$56,281.41
43	CHAMPLIN, HENRY LAY & LOUISE MCKNIGHT	\$204.75
44	CHAPMAN, CHARLES & DENCY	(\$712.86)
45	CHENEY, GEORGE A.	\$159.75
46	CHENEY, GEORGE A.	\$350.00
47	CHENEY, GEORGE A.	\$241.55
48	CHENEY, GEORGE A.	\$254.03
49	CHENEY, GEORGE A.	\$302.15
50	CHENEY, GEORGE A.	\$285.80
51	CHENEY, GEORGE A.	\$210.60
52	CHENEY, GEORGE A.	\$60.73
53	CHENEY, GEORGE A.	\$60.75
54	CHENEY, GEORGE A.	\$90.45
55	CHENEY, GEORGE A.	\$225.00
56	CHENEY, GEORGE A.	\$56.89
57	CHENEY, GEORGE A.	\$63.00
58	CHENEY, GEORGE A.	\$25.40
59	CHENEY, GEORGE A.	\$163.10
60	CHRISTIAN ENDEAVOR	\$11.25
61	CHRISTIAN ENDEAVOR	\$87.67
62	CHRISTIAN ENDEAVOR	\$46.98
63	CHRISTIAN ENDEAVOR	\$11.20
64	CHRISTIAN ENDEAVOR	\$23.84
65	CHRISTIAN ENDEAVOR	\$14.40
66	CHRISTIAN ENDEAVOR	\$45.23
67	ELWYN T. CLARK	\$35.40
68	ELWYN T. CLARK	\$33.75
69	ELWYN T. CLARK	\$117.32
70	ELWYN T. CLARK	\$30.92
71	ELWYN T. CLARK	\$12.26
72	ELWYN T. CLARK	\$27.84
73	COMSTOCK & TIFFANY	\$67.50
74	COMSTOCK & TIFFANY	\$363.60
75	COMSTOCK & TIFFANY	\$202.00
76	COMSTOCK & TIFFANY	\$98.52
77	COMSTOCK & TIFFANY	\$119.02
78	COMSTOCK & TIFFANY	\$300.00
79	COMSTOCK & TIFFANY	\$55.25
80	COMSTOCK & TIFFANY	\$47.88
81	COMSTOCK & TIFFANY	\$67.50
82	COMSTOCK & TIFFANY	\$59.85
83	COMSTOCK & TIFFANY	\$84.15
84	COMSTOCK & TIFFANY	\$59.77
85	COMSTOCK & TIFFANY	\$215.13
86	COOPER, SARAH E.	\$12.46
87	COOPER, SARAH E.	\$27.00
88	COOPER, SARAH E.	\$25.66
89	COOPER, SARAH E.	\$15.89
90	COOPER, SARAH E.	\$47.69
91	COOPER, SARAH E.	\$15.60
92	EDGERTON, FRANCIS D.	\$13.26
93	EDGERTON, FRANCIS D.	\$160.58
94	EDGERTON, FRANCIS D.	\$376.65
95	EDGERTON, FRANCIS D.	\$26.06
96	EDGERTON, FRANCIS D.	\$45.90

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A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		3,190
2. A. Number of Patients receiving Hospital Bed Fund Grants		429
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$56,281.41
97	EDGERTON, FRANCIS D.	\$63.50
98	EDGERTON, FRANCIS D.	\$23.15
99	EDGERTON, FRANCIS D.	\$119.12
100	EDGERTON, FRANCIS D.	\$74.41
101	EDGERTON, FRANCIS D.	\$12.98
102	EDGERTON, FRANCIS D.	\$250.00
103	EDGERTON, FRANCIS D.	\$72.00
104	EDGERTON, FRANCIS D.	\$233.88
105	EDGERTON, FRANCIS D.	\$95.16
106	EDGERTON, FRANCIS D.	\$64.86
107	EDGERTON, FRANCIS D.	\$51.57
108	EDGERTON, FRANCIS D.	\$52.03
109	EDGERTON, FRANCIS D.	\$21.15
110	FISHER, WILLIAM	\$121.64
111	FISHER, WILLIAM	\$40.95
112	FISHER, WILLIAM	\$75.00
113	FISHER, WILLIAM	\$18.22
114	FISHER, WILLIAM	\$38.05
115	FISHER, WILLIAM	\$86.50
116	FISHER, WILLIAM	\$24.00
117	FISHER, WILLIAM	\$22.96
118	FISHER, WILLIAM	\$3.77
119	FISHER, WILLIAM	\$45.00
120	FISHER, WILLIAM	\$39.87
121	FISHER, WILLIAM	\$27.00
122	FISHER, WILLIAM	\$65.83
123	GOFFE, PRATT	\$167.67
124	GRANNISS, JOHN H.	\$49.07
125	GRANNISS, JOHN H.	\$72.70
126	GRANNISS, JOHN H.	\$78.75
127	GRANNISS, JOHN H.	\$89.24
128	GRANNISS, JOHN H.	\$114.45
129	GRANNISS, JOHN H.	\$84.00
130	GRANNISS, JOHN H.	\$147.15
131	GRANNISS, JOHN H.	\$78.38
132	GRANNISS, JOHN H.	\$86.54
133	HAZEN, DR. MINOR C.	\$30.60
134	HAZEN, DR. MINOR C.	\$25.00
135	HAZEN, DR. MINOR C.	\$79.21
136	HAZEN, DR. MINOR C.	\$33.32
137	HAZEN, DR. MINOR C.	\$48.88
138	HAZEN, DR. MINOR C.	\$45.00
139	HAZEN, DR. MINOR C.	\$48.69
140	HAZEN, DR. MINOR C.	\$300.00
141	HAZEN, DR. MINOR C.	\$34.65
142	HAZEN, DR. MINOR C.	\$25.00
143	HAZEN, DR. MINOR C.	\$10.62
144	HAZEN, DR. MINOR C.	\$80.10
145	HAZEN, DR. MINOR C.	\$115.27
146	HAZEN, DR. MINOR C.	\$16.44
147	HUBBARD, MARGARET S.	\$26.25
148	HUBBARD, MARGARET S.	\$39.09
149	HUBBARD, MARGARET S.	\$232.17
150	HUBBARD, MARGARET S.	\$39.65

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A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		3,190
2. A. Number of Patients receiving Hospital Bed Fund Grants		429
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$56,281.41
151	HUBBARD, MARGARET S.	\$21.00
152	HUBBARD, MARGARET S.	\$14.43
153	HUBBARD, MARGARET S.	\$243.00
154	HUBBARD, MARGARET S.	\$13.43
155	HUBBARD, MARGARET S.	\$160.20
156	HUBBARD, MARGARET S.	\$189.00
157	HUBBARD, MARGARET S.	\$51.38
158	HUBBARD, MARGARET S.	\$43.75
159	HUBBARD, MARGARET S.	\$35.57
160	HUBBARD, MARGARET S.	\$11.18
161	HUBBARD, MARGARET S.	\$37.91
162	HUBBARD, MARGARET S.	\$10.07
163	HUBBARD, MARGARET S.	\$62.50
164	HUBBARD, MARGARET S.	\$10.03
165	HUBBARD, MARGARET S.	\$27.41
166	HUBBARD, MARGARET S.	\$114.17
167	HUBBARD, MARGARET S.	\$39.57
168	MIDDLESEX HOSPITAL	\$18.00
169	MIDDLESEX HOSPITAL	\$78.01
170	MIDDLESEX HOSPITAL	\$252.40
171	MIDDLESEX HOSPITAL	\$99.75
172	MIDDLESEX HOSPITAL	\$181.10
173	MIDDLESEX HOSPITAL	\$300.00
174	MIDDLESEX HOSPITAL	\$300.00
175	MIDDLESEX HOSPITAL	\$67.50
176	MIDDLESEX HOSPITAL	\$35.44
177	MIDDLESEX HOSPITAL	\$300.00
178	MIDDLESEX HOSPITAL	\$300.00
179	MIDDLESEX HOSPITAL	\$500.00
180	MIDDLESEX HOSPITAL	\$564.30
181	MIDDLESEX HOSPITAL	\$414.30
182	MIDDLESEX HOSPITAL	\$1,306.80
183	MIDDLESEX HOSPITAL	\$500.00
184	MIDDLESEX HOSPITAL	\$405.00
185	MIDDLESEX HOSPITAL	\$700.00
186	MIDDLESEX HOSPITAL	\$500.00
187	MIDDLESEX HOSPITAL	\$285.77
188	MIDDLESEX HOSPITAL	\$300.00
189	MIDDLESEX HOSPITAL	\$500.00
190	MIDDLESEX HOSPITAL	\$500.00
191	MIDDLESEX HOSPITAL	\$500.00
192	MIDDLESEX HOSPITAL	\$25.50
193	MIDDLESEX HOSPITAL	\$31.50
194	MIDDLESEX HOSPITAL	\$22.50
195	MIDDLESEX HOSPITAL	\$477.00
196	MIDDLESEX HOSPITAL	\$272.80
197	MIDDLESEX HOSPITAL	\$500.00
198	MIDDLESEX HOSPITAL	\$391.15
199	MIDDLESEX HOSPITAL	\$410.10
200	MIDDLESEX HOSPITAL	\$500.00
201	MIDDLESEX HOSPITAL	\$249.75
202	MIDDLESEX HOSPITAL	\$414.37
203	MIDDLESEX HOSPITAL	\$14.50
204	MIDDLESEX HOSPITAL	\$96.03

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A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		3,190
2. A. Number of Patients receiving Hospital Bed Fund Grants		429
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$56,281.41
205	MIDDLESEX HOSPITAL	\$300.00
206	MIDDLESEX HOSPITAL	\$293.50
207	MIDDLESEX HOSPITAL	\$90.00
208	MIDDLESEX HOSPITAL	\$279.32
209	MIDDLESEX HOSPITAL	\$200.00
210	MIDDLESEX HOSPITAL	\$175.08
211	MIDDLESEX HOSPITAL	\$238.63
212	MIDDLESEX HOSPITAL	\$225.00
213	MIDDLESEX HOSPITAL	\$60.45
214	MIDDLESEX HOSPITAL	\$256.30
215	MIDDLESEX HOSPITAL	\$258.85
216	MIDDLESEX HOSPITAL	\$280.00
217	MIDDLESEX HOSPITAL	\$300.00
218	MIDDLESEX HOSPITAL	\$117.10
219	MIDDLESEX HOSPITAL	\$112.86
220	MIDDLESEX HOSPITAL	\$112.86
221	MIDDLESEX HOSPITAL	\$25.65
222	MIDDLESEX HOSPITAL	\$225.00
223	MIDDLESEX HOSPITAL	\$63.50
224	MIDDLESEX HOSPITAL	\$10.44
225	MIDDLESEX HOSPITAL	\$38.25
226	MIDDLESEX HOSPITAL	\$47.35
227	MIDDLESEX HOSPITAL	\$500.00
228	MIDDLESEX HOSPITAL	\$78.75
229	MIDDLESEX HOSPITAL	\$141.05
230	MIDDLESEX HOSPITAL	\$63.58
231	MIDDLESEX HOSPITAL	\$154.79
232	MIDDLESEX HOSPITAL	\$205.96
233	MIDDLESEX HOSPITAL	\$156.59
234	MIDDLESEX HOSPITAL	\$363.15
235	MIDDLESEX HOSPITAL	\$141.75
236	MIDDLESEX HOSPITAL	\$225.00
237	MIDDLESEX HOSPITAL	\$300.00
238	MIDDLESEX HOSPITAL	\$276.30
239	MIDDLESEX HOSPITAL	\$394.15
240	MIDDLESEX HOSPITAL	\$375.00
241	MIDDLESEX HOSPITAL	\$175.87
242	MIDDLESEX HOSPITAL	\$300.00
243	MIDDLESEX HOSPITAL	\$101.92
244	MIDDLESEX HOSPITAL	\$141.75
245	MIDDLESEX HOSPITAL	\$400.00
246	MIDDLESEX HOSPITAL	\$300.00
247	MIDDLESEX HOSPITAL	\$300.00
248	MIDDLESEX HOSPITAL	\$201.60
249	MIDDLESEX HOSPITAL	\$12.11
250	MIDDLESEX HOSPITAL	\$155.25
251	MIDDLESEX HOSPITAL	\$14.47
252	MIDDLESEX HOSPITAL	\$31.50
253	MIDDLESEX HOSPITAL	\$500.00
254	MIDDLESEX HOSPITAL	\$146.70
255	MIDDLESEX HOSPITAL	\$500.00
256	MIDDLESEX HOSPITAL	\$47.25
257	MIDDLESEX HOSPITAL	\$160.83
258	MIDDLESEX HOSPITAL	\$56.10

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A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		3,190
2. A. Number of Patients receiving Hospital Bed Fund Grants		429
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$56,281.41
259	MIDDLESEX HOSPITAL	\$57.45
260	MIDDLESEX HOSPITAL	\$90.80
261	MIDDLESEX HOSPITAL	\$268.67
262	MIDDLESEX HOSPITAL	\$500.00
263	MIDDLESEX HOSPITAL	\$64.81
264	MIDDLESEX HOSPITAL	\$600.00
265	MIDDLESEX HOSPITAL	\$33.56
266	MIDDLESEX HOSPITAL	\$28.77
267	MIDDLESEX HOSPITAL	\$64.04
268	MIDDLESEX HOSPITAL	\$121.85
269	NEFF, CHARLES H.	\$22.50
270	NEFF, CHARLES H.	\$20.05
271	NEFF, CHARLES H.	\$151.55
272	NEFF, CHARLES H.	\$13.50
273	NEFF, CHARLES H.	\$16.33
274	NEFF, CHARLES H.	\$10.69
275	NEFF, CHARLES H.	\$21.16
276	NEFF, CHARLES H.	\$21.00
277	NEFF, CHARLES H.	\$40.15
278	NEFF, CHARLES H.	\$51.21
279	NEFF, CHARLES H.	\$11.83
280	NEFF, CHARLES H.	\$18.75
281	NEFF, CHARLES H.	\$48.34
282	NETTLETON, JOSEPHINE	\$115.46
283	NETTLETON, JOSEPHINE	\$125.00
284	NETTLETON, JOSEPHINE	\$39.15
285	NETTLETON, JOSEPHINE	\$94.38
286	NETTLETON, JOSEPHINE	\$270.00
287	NETTLETON, JOSEPHINE	\$16.12
288	NETTLETON, JOSEPHINE	\$49.53
289	NETTLETON, JOSEPHINE	\$79.65
290	NETTLETON, JOSEPHINE	\$67.13
291	NETTLETON, JOSEPHINE	\$103.83
292	PALMER, ISAAC E.	\$46.14
293	PALMER, ISAAC E.	\$26.25
294	PALMER, ISAAC E.	\$59.07
295	PALMER, ISAAC E.	\$14.26
296	PALMER, ISAAC E.	\$45.00
297	PALMER, ISAAC E.	\$273.00
298	PALMER, ISAAC E.	\$112.50
299	PALMER, ISAAC E.	\$300.00
300	PALMER, ISAAC E.	\$225.00
301	PALMER, ISAAC E.	\$36.00
302	PALMER, ISAAC E.	\$25.25
303	PALMER, ISAAC E.	\$315.95
304	PALMER, ISAAC E.	\$87.50
305	PALMER, ISAAC E.	\$91.75
306	PIKE, CHARLES J.	\$11.27
307	PIKE, CHARLES J.	\$47.25
308	PIKE, CHARLES J.	\$13.86
309	PIKE, CHARLES J.	\$156.06
310	PIKE, CHARLES J.	\$15.75
311	PIKE, CHARLES J.	\$10.65
312	PIKE, CHARLES J.	\$11.00

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A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		3,190
2. A. Number of Patients receiving Hospital Bed Fund Grants		429
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$56,281.41
313	PIKE, CHARLES J.	\$100.00
314	PIKE, CHARLES J.	\$20.00
315	PIKE, CHARLES J.	\$53.65
316	PIKE, ELIZABETH E.	\$26.00
317	PIKE, ELIZABETH E.	\$30.60
318	PIKE, ELIZABETH E.	\$20.41
319	PIKE, ELIZABETH E.	\$61.00
320	PIKE, ELIZABETH E.	\$50.62
321	PIKE, ELIZABETH E.	\$81.61
322	PIKE, ELIZABETH E.	\$63.50
323	PIKE, ELIZABETH E.	\$63.05
324	PIKE, ELIZABETH E.	\$31.06
325	PIKE, ELIZABETH E.	\$6.00
326	PIKE, ELIZABETH E.	\$44.48
327	PIKE, ELIZABETH E.	\$48.60
328	PIKE, ELIZABETH E.	\$63.89
329	PIKE, GORDON	\$9.51
330	PIKE, GORDON	\$248.37
331	PIKE, GORDON	\$60.20
332	PIKE, GORDON	\$400.00
333	PIKE, GORDON	\$19.50
334	PIKE, GORDON	\$136.40
335	PIKE, GORDON	\$16.23
336	PIKE, GORDON	\$32.19
337	PIKE, GORDON	\$92.48
338	PIKE, GRACE	\$90.65
339	PIKE, GRACE	\$25.00
340	PIKE, GRACE	\$98.00
341	PIKE, GRACE	\$78.75
342	PIKE, GRACE	\$90.00
343	PIKE, GRACE	\$27.00
344	PIKE, GRACE	\$47.25
345	PIKE, GRACE	\$67.50
346	PIKE, GRACE	\$27.00
347	PIKE, GRACE	\$10.83
348	PIKE, GRACE	\$24.00
349	PIKE, GRACE	\$52.90
350	PIKE, GRACE	\$98.08
351	PIKE, GRACE	\$89.35
352	PIKE, ROBERT G.	\$140.85
353	PIKE, ROBERT G.	\$216.80
354	PIKE, ROBERT G.	\$34.51
355	PIKE, ROBERT G.	\$8.14
356	PIKE, ROBERT G.	\$9.40
357	PIKE, ROBERT G.	\$16.11
358	PIKE, ROBERT G.	\$24.06
359	PIKE, ROBERT G.	\$44.00
360	PRATT, LUCY CAROLINE	\$79.89
361	PRATT, LUCY CAROLINE	\$26.22
362	PRATT, LUCY CAROLINE	\$17.72
363	PRATT, LUCY CAROLINE	\$12.15
364	PRATT, LUCY CAROLINE	\$15.75
365	PRATT, LUCY CAROLINE	\$12.00
366	PRATT, LUCY CAROLINE	\$24.22

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A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		3,190
2. A. Number of Patients receiving Hospital Bed Fund Grants		429
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$56,281.41
367	PRATT, LUCY CAROLINE	\$57.85
368	TOWNSEND	\$354.73
369	TOWNSEND	\$67.50
370	TOWNSEND	\$226.00
371	TOWNSEND	\$19.96
372	TOWNSEND	\$212.27
373	TOWNSEND	\$129.35
374	TOWNSEND	\$26.98
375	TOWNSEND	\$234.22
376	TOWNSEND	\$141.75
377	TOWNSEND	\$6.03
378	TOWNSEND	\$67.50
379	TOWNSEND	\$67.50
380	TOWNSEND	\$315.90
381	TOWNSEND	\$18.90
382	TOWNSEND	\$25.00
383	TOWNSEND	\$26.11
384	TOWNSEND	\$74.60
385	TOWNSEND	\$29.25
386	TOWNSEND	\$37.00
387	TOWNSEND	\$65.05
388	VINAL, AMELIA H.	\$9.16
389	VINAL, AMELIA H.	\$214.48
390	VINAL, AMELIA H.	\$263.39
391	VINAL, AMELIA H.	\$56.25
392	VINAL, AMELIA H.	\$21.78
393	VINAL, AMELIA H.	\$22.52
394	VINAL, AMELIA H.	\$10.11
395	VINAL, AMELIA H.	\$71.35
396	WILLIAMS, EZRA H. & MARY DICKINSON	\$48.45
397	WILLIAMS, EZRA H. & MARY DICKINSON	\$585.87
398	WILLIAMS, EZRA H. & MARY DICKINSON	\$952.58
399	WILLIAMS, EZRA H. & MARY DICKINSON	\$640.31
400	WILLIAMS, EZRA H. & MARY DICKINSON	\$90.00
401	WILLIAMS, EZRA H. & MARY DICKINSON	\$33.75
402	WILLIAMS, EZRA H. & MARY DICKINSON	\$1,000.00
403	WILLIAMS, EZRA H. & MARY DICKINSON	\$320.38
404	WILLIAMS, EZRA H. & MARY DICKINSON	\$434.02
405	WILLIAMS, EZRA H. & MARY DICKINSON	\$175.86
406	WILLIAMS, EZRA H. & MARY DICKINSON	\$485.25
407	WILLIAMS, EZRA H. & MARY DICKINSON	\$33.75
408	WILLIAMS, EZRA H. & MARY DICKINSON	\$156.15
409	WILLIAMS, EZRA H. & MARY DICKINSON	\$500.00
410	WILLIAMS, EZRA H. & MARY DICKINSON	\$50.00
411	WILLIAMS, NETHANIEL A.	\$12.70
412	WILLIAMS, NETHANIEL A.	\$126.95
413	WILLIAMS, NETHANIEL A.	\$156.82
414	WILLIAMS, NETHANIEL A.	\$7.76
415	WILLIAMS, NETHANIEL A.	\$149.75
416	WILLIAMS, NETHANIEL A.	\$48.81
417	WILLIAMS, NETHANIEL A.	\$23.07
418	WILLIAMS, NETHANIEL A.	\$5.22
419	WILLIAMS, NETHANIEL A.	\$26.06
420	WILLIAMS, NETHANIEL A.	\$12.32

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A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		3,190
2. A. Number of Patients receiving Hospital Bed Fund Grants		429
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$56,281.41
421	WILLIAMS, NETHANIEL A.	\$67.50
422	WILLIAMS, NETHANIEL A.	\$24.93
423	WILLIAMS, NETHANIEL A.	\$31.36
424	WILLIAMS, NETHANIEL A.	\$17.97
425	WILLIAMS, NETHANIEL A.	\$186.90
426	WILLIAMS, NETHANIEL A.	\$40.90
427	WILLIAMS, NETHANIEL A.	\$37.50
428	WILLIAMS, NETHANIEL A.	\$28.35
429	WILLIAMS, NETHANIEL A.	\$49.40
Grand Total		\$56,281.41

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B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	Hannah R. Bennett	\$44,868.00	\$4,287.00	\$0.00	\$4,287.00
	Floriola Hull Branerd	\$51,994.00	\$436.00	\$0.00	\$436.00
	Ellen & Nehemiah Burr Memorial	\$8,835.00	\$2,224.00	\$0.00	\$2,224.00
	William B. Casey	\$19,871.00	\$167.00	\$0.00	\$167.00
	Henry Lay Champlin & Louise McKnight Champlin	\$65,830.00	\$791.00	\$0.00	\$791.00
	Charles & Dency Chapman	\$61,025.00	\$33,550.00	\$0.00	\$33,550.00
	Elwin T. Clark	\$7,497.00	\$63.00	\$0.00	\$63.00
	Sarah A. Cooper	\$4,201.00	\$35.00	\$0.00	\$35.00
	Francis D. Edgerton	\$51,133.00	\$429.00	\$0.00	\$429.00
	Christian Endeavor	\$7,853.00	\$95.00	\$0.00	\$95.00
	William C. Fisher	\$17,725.00	\$149.00	\$0.00	\$149.00
	Pratt Goffe	\$20,410.00	\$887.00	\$0.00	\$887.00
	John H. Granniss	\$23,300.00	\$196.00	\$0.00	\$196.00
	Dr. Minor Comstock Hazen	\$25,993.00	\$218.00	\$0.00	\$218.00
	Margaret S. Hubbard	\$41,394.00	\$347.00	\$0.00	\$347.00
	Charles H. Neff	\$13,016.00	\$109.00	\$0.00	\$109.00
	Josephine Nettleton	\$27,958.00	\$235.00	\$0.00	\$235.00
	Isaac Emerson Palmer	\$48,263.00	\$405.00	\$0.00	\$405.00
	Charles J. Pike	\$14,445.00	\$121.00	\$0.00	\$121.00
	Elizabeth E. Pike	\$17,202.00	\$144.00	\$0.00	\$144.00
	Gordon Pike	\$29,271.00	\$236.00	\$0.00	\$236.00
	Grace S. Pike	\$24,058.00	\$202.00	\$0.00	\$202.00
	Robert G. Pike	\$14,379.00	\$121.00	\$0.00	\$121.00
	Lucy Caroline Gratt	\$7,157.00	\$60.00	\$0.00	\$60.00
	Henry P. Ryan & Bertha I. Ryan	\$13,150.00	\$758.00	\$523.00	\$235.00
	Comstock & Tiffany	\$50,665.00	\$425.00	\$0.00	\$425.00
	Townsend	\$62,469.00	\$524.00	\$0.00	\$524.00
	M. Amelia H. Vinal	\$19,212.00	\$152.00	\$0.00	\$152.00
	Nethaniel A. Williams	\$30,695.00	\$258.00	\$0.00	\$258.00
	Ezra H. Williams & Mary Dickinson Williams	\$58,534.00	\$480.00	\$0.00	\$480.00
	George A. Cheney	\$109,959.00	\$2,136.00	\$1,213.00	\$923.00
	Middlesex Hospital Free Bed Fund	\$707,531.00	\$5,465.00	\$0.00	\$5,465.00
	Total Bed Funds :	\$1,699,893.00	\$55,705.00	\$1,736.00	\$53,969.00

**MIDDLESEX HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2010**

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I. GENERAL COLLECTION PROCESSES AND PROCEDURES		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	Refer to collection agent description. The Hospital uses one collection agency (Policy A) and one attorney group (Policy B).
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Refer to individual collection agent description.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	18.60%
II. SPECIFIC COLLECTION AGENT INFORMATION		
Collection Agent		
1	Collection Agent Name	MEDCONN COLLECTION AGENCY LLC
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Refer to Hardcopy Submission
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Refer to Hardcopy Submission
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	16.90%

**MIDDLESEX HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2010**

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
	Collection Agent	
1	Collection Agent Name	TCORS
2	Collection Agent Type	Attorney
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Refer to Hardcopy Submission`
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Refer to Hardcopy Submission
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	31.70%

**MIDDLESEX HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2010
REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	President/CEO (11mos) Retired 8/31/10	\$553,048	\$1,145,843	\$1,698,891
2.	Sr. VP, Finance & Operations (11mos)/Pres/CEO(1mo)	\$366,124	\$347,044	\$713,168
3.	Vp, Clinical Affairs	\$355,124	\$167,045	\$522,169
4.	VP, Nursing	\$233,670	\$281,855	\$515,525
5.	Chairman, Emergency Medicine	\$359,247	\$78,538	\$437,785
6.	VP, Finance/CFO/Treasurer	\$296,936	\$123,177	\$420,113
7.	Chairman, Dept of Medicine	\$338,538	\$63,855	\$402,393
8.	Clinical Director of Infectious Disease	\$338,856	\$60,166	\$399,022
9.	Chief, Dept of Medicine & Secretary	\$342,933	\$55,864	\$398,797
10.	Physician, Emergency Dept	\$329,619	\$53,738	\$383,357
	Grand Total:	\$3,514,095	\$2,377,125	\$5,891,220

**MIDDLESEX HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2010
REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directly or Indirectly) ^C	TOTAL
A . MIDDLESEX HEALTH SYSTEM, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
B . HARTFORD-MIDDLESEX CLINICAL SYSTEM, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
C . INTEGRATED RESOURCES FOR THE MIDDLESEX AREA, L.L.C.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D . MHS PRIMARY CARE, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
E . MIDDLESEX CENTER FOR ADVANCED ORTHOPEDIC SURGERY, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F . MIDDLESEX HEALTH RESOURCES, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
G . MIDDLESEX HEALTH SERVICES, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

For each entity listed on Report 20, complete Report 21.

A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

C - Indirect payments include but are not limited to payments made to related entities.

**MIDDLESEX HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2010
REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY**

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
A	Transfer of Assets or Operations	
1.	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

MIDDLESEX HOSPITAL					
ANNUAL REPORTING					
FISCAL YEAR 2010					
REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	2,867	3,190	323	11%
2.	Number of Approved Applicants	1,906	2,316	410	22%
3.	Total Charges (A)	\$7,535,167	\$9,520,361	\$1,985,194	26%
	Average Charges	\$3,953	\$4,111	\$157	4%
4.	Ratio of Cost to Charges (RCC)	0.389797	0.358569	(0.031228)	-8%
	Total Cost	\$2,937,185	\$3,413,706	\$476,521	16%
	Average Cost	\$1,541	\$1,474	(\$67)	-4%
5.	Charity Care - Inpatient Charges	\$2,481,924	\$4,079,617	\$1,597,693	64%
6.	Charity Care - Outpatient Emergency Department Charges	2,031,778	2,814,601	782,823	39%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	3,021,465	2,626,143	(395,322)	-13%
	Total Charges (A)	\$7,535,167	\$9,520,361	\$1,985,194	26%
8.	Charity Care - Number of Patient Days	406	561	155	38%
9.	Charity Care - Number of Discharges	114	134	20	18%
10.	Charity Care - Number of Outpatient ED Visits	1,165	1,331	166	14%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,860	1,858	(2)	0%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	2,867	3,190	323	11%
2.	Number of Approved Applicants	603	429	(174)	-29%
3.	Total Charges (B)	\$105,729	\$56,281	(\$49,448)	-47%
	Average Charges	\$175	\$131	(\$44)	-25%
4.	Ratio of Cost to Charges (RCC)	0.389797	0.358569	(0.031228)	-8%
	Total Cost	\$41,213	\$20,181	(\$21,032)	-51%
	Average Cost	\$68	\$47	(\$21)	-31%
5.	Bed Funds - Inpatient Charges	\$14,703	\$11,264	(\$3,439)	-23%
6.	Bed Funds - Outpatient Emergency Department Charges	33,177	16,414	(16,763)	-51%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	57,849	28,603	(29,246)	-51%
	Total Charges (B)	\$105,729	\$56,281	(\$49,448)	-47%
8.	Bed Funds - Number of Patient Days	4	2	(2)	-50%
9.	Bed Funds - Number of Discharges	2	1	(1)	-50%
10.	Bed Funds - Number of Outpatient ED Visits	27	17	(10)	-37%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	85	39	(46)	-54%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					